## General Commissioning Policy

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Upper GI – Gall Stones (Cholecystectomy)</th>
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<tbody>
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<td>For the treatment of</td>
<td>Cholecystectomy for Gallstones</td>
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</tbody>
</table>

### Background
From April 2013, NHS England took over responsibility for commissioning activity in primary care, where initial conservative treatment takes place. NHS Scarborough and Ryedale CCG is responsible for commissioning activity in secondary care, and this policy sets out the referral criteria for cholecystectomy for gallstones.

The majority of people with gallbladder stones remain asymptomatic and require no treatment. Patients with an incidental finding of stones in an otherwise normal gallbladder require no further investigation or referral.

This commissioning policy is needed in order to clarify the threshold for surgical treatment of gallstones, to reduce variation in practice across the region.

### Commissioning position
This commissioning policy is needed in order to clarify the threshold for surgical treatment of gallstones to reduce variation in practice across the region. NHS Scarborough and Ryedale CCG has previously included ‘cholecystectomy for gallstones’ on the list of procedures that are NOT normally commissioned other than in exceptional circumstances i.e. via the Individual Funding Request Panel (IFR).

Elective referral into secondary care for a cholecystectomy assessment will now only be commissioned if the patient fulfils ANY of the criteria below:

- Symptomatic gallstones with a thickened gallbladder wall
- A dilated common bile duct on ultrasound
- Asymptomatic gallstones with abnormal liver function test (LFT) results
- Asymptomatic gall bladder polyp(s) reported on ultrasound
- Symptomatic gall bladder ‘sludge’ reported on ultrasound

Elective cholecystectomy surgery will only be commissioned where the patient fulfils ANY of the criteria below:

- Symptomatic gallstones
- Gall bladder polyp(s) larger than 8mm or growing rapidly
- Common bile duct stones
- Acute pancreatitis

Further guidance:

Cholecystectomy should be performed laparoscopically in patients with an uncomplicated abdomen and in the absence of contra-

### Notes
1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.
indications. (The standard laparoscopic approach uses several small incisions in the abdomen).

Cholecystectomy should be offered as a day case procedure in the absence of contra-indications. Routine laparoscopic cholecystectomy does not generally require a consultant outpatient follow up. If the gall bladder is sent for histological examination, the results should be reviewed by the requesting consultant and communicated to the GP.

Following treatment for CBD stones with endoscopic retrograde cholangiopancreatography (ERCP) and sphincterotomy, removal of the gallbladder should be considered in all patients. However, in patients with significant co-morbidities, the risks of surgery may outweigh the benefits.

Secondary providers offering cholecystectomy must be able to offer intraoperative on-table cholangiography and have arrangements in place for urgent access to ERCP and interventional radiology for the management of postoperative complications.

Effective from November 2014

Summary of evidence / rationale
Cholecystectomy is the surgical removal of the gall bladder. Prophylactic cholecystectomy is not indicated in most patients with asymptomatic gallstones. Possible exceptions include patients who are at increased risk for gallbladder carcinoma or gallstone complications, in which prophylactic cholecystectomy or incidental cholecystectomy at the time of another abdominal operation can be considered. Although patients with diabetes mellitus may have an increased risk of complications from gallstones, the magnitude of the risk does not warrant prophylactic cholecystectomy. Primary and secondary care discussions with patients should include identifying options (surgery versus no surgery), including the risks and benefits of each. Documentation that the threshold criteria are fulfilled is mandatory in the referral letter.

Date November 2014

Review Date 2017

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References:

7. NICE IPG 346 – single incision laparoscopic cholecystectomy. NICE Interventional Procedure Guideline (May 2010)
   http://guidance.nice.org.uk/IPG346